

# WINTER NEWSLETTER



## Staff News

We say goodbye to our GP registrars Dr Ben Whitt and Dr Nicola Linscott and welcome Dr Daphne Coutroubis who will be joining the practice as a registrar from Wednesday 5<sup>th</sup> December.

We welcome two new receptionists to the team, Janet DeSaulles and Melanie Mahoney.

## New Partner at Cuckfield

There have been several patients enquiring about who they should see following Dr Barrie's retirement. At the surgery we endeavour to provide, where possible, the traditional system of General Practice where a patient usually sees the GP they were registered with but one of the Department of Health changes in recent years was to do away with personalised lists and all patients are now registered with the practice rather than an individual doctor which means that patients can choose their doctor and are encouraged to see the same person when possible.

Dr Simon Vavasour takes up post as a partner from the 1<sup>st</sup> of January and until then Dr Barrie will be working two days a week and his other sessions will be taken up by Dr Tina George. After January Dr Barrie will reduce his sessions to two a week. Dr Vavasour comes with considerable experience as a GP, has a special interest in men's health and GP education and will prove a popular choice for our patients. We hope this transition period runs smoothly and the receptionists will endeavour to provide patients with appointments for the doctor of their choice where possible. We look forward developing the new partnership and providing high quality care as usual.

## Christmas/New Year Opening Hours



Dec 24<sup>th</sup> 08.30-18.00

Dec 25<sup>th</sup> CLOSED

Dec 26<sup>th</sup> CLOSED

Dec 27<sup>th</sup> 08.30-18.00

Dec 28<sup>th</sup> 08.30-18.00

Dec 31<sup>st</sup> 08.30-18.00

Jan 1<sup>st</sup> CLOSED



## Prostate cancer screening tests

Dr Rob Harvey

Several male patients have enquired about prostate cancer screening tests and indeed on occasion requested a PSA test directly from the phlebotomists. The examination and testing of symptomatic men is accepted practice. There is however considerable debate amongst specialists as to the merits of screening asymptomatic men. Whilst the debate goes on there is no national prostate screening programme similar to the bowel, breast and cervical cancer programmes that patients will be familiar with.

The major problems are the accuracy of the PSA test and the lack of clear evidence that screening asymptomatic men has a significant benefit in mortality beyond testing men presenting with symptoms. Surgery to attempt 'a cure' can bring with it a significant morbidity of erectile dysfunction and urinary incontinence.

Prostate cancer is primarily a disease of late middle age and beyond (>50yrs) and symptomatic men are encouraged to seek advice of their doctor. The PSA blood test does however have limitations and you can have prostate cancer with a normal PSA. Asymptomatic men wishing screening should be aware of this and seek a GP consultation prior to just accessing the blood test alone. Whilst the debate about PSA screening rages on all patients who wish for screening are encouraged to see their GP and once counseled a test can be arranged.

## Is he a REAL doctor? Life as a GP Registrar

Dr Ben Whitt

By the time you're reading this I will have moved onto another 4 month placement, which is something you have to get used to as a GP Registrar! In the UK it currently takes 3 years to train to become a GP, this is following at least 5 years at university and 2 years as a junior doctor. We are fully qualified doctors who after 2 years working in the hospital as juniors have chosen GP for our career path. My junior years were spent doing a mixture of surgical, medical and general practice jobs which enabled me to get a taster of different specialties and help me decide what I wanted to do. I chose General Practice for the variety it offers, the unpredictability and challenge of not knowing what a patient will present with, and ultimately the desire to really get to know my patients well.

A typical day involves a combination of face to face appointments, telephone appointments and home visits. As a registrar I have the luxury of 20 minute appointments which enables me to take a

full history and perform an appropriate examination, and also seek the opinion of my colleagues if required. I am always supported by senior GPs and therefore patients can be assured that high quality care is provided. One morning a week I have GP teaching at the Princess Royal Hospital alongside all of the other GP registrars in Mid-Sussex. Here we receive presentations on aspects of general practice, as well as giving us an opportunity to find out how other registrars are getting on, and discuss interesting and challenging cases we have seen in General Practice. When discussing cases patient confidentiality is always maintained. We all really value these weekly sessions and the icing on the cake is that it's rounded off by a delicious home cooked lunch!

I am now working in the Women's Health department at The Princess Royal Hospital before rotating to other posts in the trust. Hopefully this article helps you to better understand a registrar's role in

the practice team. Who knows, maybe one day I'll be back here working as a fully qualified GP!

### Is your New Year's Resolution to QUIT SMOKING?



Make your New Year a smoke free one. Within the Cuckfield practice we offer smoking cessation with our smoking cessation advisor Philippa Lockett.

The first appointment is for half an hour, where it can be determined which path is best to aid you with your quit attempt. After that Philippa likes to see you for about 15 minutes every 2 weeks to monitor and support your progress. Usually the programme lasts for 12 weeks, but can be extended if necessary.

If you are interested in quitting please contact the surgery reception with your name and daytime contact number and Philippa will phone you to book the initial appointment.

## Just another thing Doctor...

Dr Angie Gurner

Do you ever feel that you haven't attended the surgery for some time and have a number of things to discuss? Or are you leading a very busy life and find it difficult to come in and so bring a list to your appointment?

Often patients come into the surgery with a number of different problems and are sometimes disappointed that the doctor will ask them to make a further appointment. As clinicians used to making a diagnosis and organising a management plan we are trained to consider each problem thoroughly and exclude serious underlying pathology as far as we are able to in the surgery and then arrange further investigations or appointments as necessary. It then puts us in a very difficult position when a patient wants a quick answer to a problem such as headaches which may not have been causing them particular concern but they wanted a quick word of reassurance. In this example we would need to take a full history of the nature of the headaches and the frequency and consider other medical conditions and medications and examine the patient appropriately before we were able to give that quick word of reassurance and sometimes this causes frustration to the patient and doctor when there is then no time to deal with other queries.

If you ask us to do prescriptions which could be done by the reception staff in the normal way or complete a form which could be done outside surgery time, this will mean that you will have less time to discuss clinical concerns with your clinician.

It really helps us in the surgery if people do not save up too many problems to deal with and then expect everything to be sorted out in one consultation. You will often get a more effective service by booking appointments as you need them and being aware that we are trying to keep to time for everyone else waiting in the surgery as far as we possibly can.